

SUBSCRIPTIONS

REVUE
Canadienne de la
Recherche et de la Pratique
SAGE-FEMME

Canadian
JOURNAL
of **MIDWIFERY**
Research and Practice

Audience

Registered midwives, student midwives, professors, health care professionals, hospital and university libraries, and other interested agencies.

Circulation

Approx. 1,450 (including all registered midwives in Canada).

Publication Schedule - 2015

Spring 2015 *March*
Summer 2015 *June*
Fall 2015 *October*

The Canadian Journal of Midwifery Research and Practice (CJMRP) is the official peer-reviewed publication of the Canadian Association of Midwives. The CJMRP is the only national journal in Canada providing a forum for the publication of materials of relevance to midwives and the practice of midwifery including research, abstracts, case reports, clinical management strategies and news and information articles. The CJMRP is circulated to midwives and institutions, both in Canada and abroad.

Subscription Rates

Within Canada

Individuals \$60/year + TAX
Institutions \$100/year + TAX

US and International

Individuals \$80/year
Institutions \$120/year

Individual issues of the CJMRP are available at a cost of \$30/issue plus shipping and TAX

Bulk subscription rates are available. Please contact the cjmrp@canadianmidwives.org for details.

Bulk Subscriptions

1-9 issues \$30/issue plus shipping + tax
10-19 issues \$25/issue plus shipping + tax
20+ issues \$20/issue plus shipping + tax

All rates are in CDN dollars.

Contact

Subscription inquiries should be addressed to:

Canadian Association of Midwives
59 rue Riverview, Montreal, Qc, H8R 3R9
Tel: 514-807-3668 | Fax: 514-738-0370
admin@canadianmidwives.org

SUBSCRIPTION FORM

Contact Name _____	Institution (if applicable) _____
Mailing Address _____	
City _____	Province/State _____
Country _____	Code _____
Contact Phone _____	Contact Email _____
Subscription Type (see above) _____	
Payment	
<input type="checkbox"/> Cheque (payable to Canadian Association of Midwives)	<input type="checkbox"/> Money Order <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA
Card Number: _____	Expiration Date: _____
Name on Card: _____	Signature _____
Amount Enclosed \$ _____ + TAX (within Canada) (Please inquire regarding tax amount) No GST/HST: 879977817	